



### Executive Committee Summary of Meeting Minutes September 12, 2017

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – <b>present</b>	Jerry Foxhoven -
David Hudson – <b>present</b>	Mikki Stier - <b>present</b>
Dennis Tibben –	Deb Johnson -
Natalie Ginty – <b>present</b>	Liz Matney - <b>present</b>
Shelly Chandler – <b>present</b>	Matt Highland - <b>present</b>
Cindy Baddeloo – <b>present</b>	Lindsay Paulson -
Kate Gainer –	Sean Bagniewski -
Lori Allen – <b>present</b>	Amy McCoy -
Richard Crouch – <b>present</b>	Luisito Cabrera - <b>present</b>
Julie Fugenschuh – <b>present</b>	Alisha Timmerman - <b>present</b>
Jodi Tomlonovic –	

#### Introduction

Gerd called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above and quorum met.

#### Approval of the Executive Committee Meeting Minutes of August 24, 2017

Minutes of the Executive Committee meeting on August 24, 2017 was approved.

#### Discussion on Recommendations

Gerd reviewed the September 5, 2017, Recommendations Subcommittee meeting minutes document. Subcommittee members Cindy Baddeloo, Shelly Chandler, Dennis Tibben, and Gerd Clabaugh were to meet with Long Term Care Ombudsman's Office representative, Kelly Todd, on September 20, 2017, to discuss ongoing LTC issues. The Recommendations Subcommittee was to meet in the next two weeks.

#### Medicaid Director's Update

Mikki reviewed the outstanding items in the Action Items document.  
Liz Matney addressed the Items below.

#### **Electronic Visit Verification (EVV):**

Liz stated that the stakeholder workgroup had their first meeting on September 12, 2017. The meeting included discussion of results from the provider and stakeholder survey, updates on the status of EVV implementation, as well as an opportunity for the workgroup to questions. Liz confirmed that following the initial engagement period of the project, the rollout period would begin 2018.

**Managed care quality performance measures:**

Liz confirmed that the MCOs submit annual quality clinical information that is associated with the Healthcare Effectiveness Data and Information Set (HEDIS) measures as well as consumer satisfaction scores to the IME. The state's external review vendor, Health Services Advisory Group (HSAG), does a number of different functions for the IME such as validating MCO performance measures and MCO compliance reviews. The HSAG annual data is for the MCOs' accreditation with the National Committee for Quality Assurance (NCQA) and that data goes through an internal auditing and validation process prior to be provided to the IME.

**Discussion on MCO to MCO transfer of information:**

Liz discussed the IA Health Link annual enrollment period and the disenrollment process for reasons of good cause. Members are not disenrolled the day of their request and may be enrolled in their new MCO one to two months following their request based on system cut-off dates. The IME transfers encounter data such as claims paid, Prior Authorizations, service plan data for Home- and Community-Based Services (HCBS) members; Level of Care assessments are not included in data transfers. The IME and the MCOs utilize a portal for LOC information.

**October 10, 2017 Agenda Items:**

- Secondary Payer
- Review of managed care quality performance measures – HEDIS and HSAG
- SFY17 Q4 and SFY18 Q1 Recommendations

**Future Agenda Items:**

- MCO to MCO transfer of information workflows

**Open Discussion**

- Dave Hudson expressed his concern regarding Consumer Directed Attendant Care (CDAC) re-enrollment, stating that CDAC providers may have missed the June 30, 2017, deadline due to unclear information provided in an Informational Letter about re-enrollment.
- A letter from Kris Richey regarding delays in the re-authorization of services for individuals receiving Long Term Services and Supports (LTSS) services from Integrated Health Homes (IHHs) was to be shared with the Executive Committee.
- Natalie Ginty requested the status of the Department's waiver application for the Health and Wellness populations and the state plan amendment for retroactive enrollment.
- Cindy Baddeloo and Shelly Chandler requested the MAAC once again receive regular information and updates from the Department regarding changes to rules as they had prior to managed care.

**Future Agenda Items:**

- Update from Liz Matney regarding the Iowa Medicaid retroactive enrollment waiver application at the October 10, 2017 Executive Committee meeting.
- Compare Fee-for-Service (FFS) expenditures for Medicaid members prior to implementation to managed care expenditures following implementation:
  - HCBS Waiver population – combined total for all 7 waivers
  - Habilitation services – combined total for all habilitation services
  - Inpatient hospital stays – combined total for inpatient hospital stays; excluding behavioral health inpatient hospital stays
  - Behavioral health inpatient hospital stays – combined total for inpatient hospital stays for behavioral health reasons
  - Outpatient hospital stays – combined total for outpatient hospital stays; excluding behavioral health outpatient hospital stays
  - Behavioral health outpatient hospital stays – combined total for outpatient hospital stays for behavioral health reasons
  - Home health – combined total for home health services

**Adjourn**

4:30 P.M.